



## Comparison of Selected State Health Plans

In response to a request at the June 28 Task Force meeting, a sampling of state health plans has been prepared (see attached). The actual table of contents from each has been captured and displayed to fit on a single page for each example.

The state samples requested were to include Maine, Maryland, North Carolina, Vermont, and Washington. A suggestion “ideal” blend has also been provided to capture some of the important features of each. It was also requested that these be presented anonymously so that they could be compared without regional bias, so they are labeled A through E.

The publication dates vary from as old as 1987 to as new as 2006.

When comparing these samples, you will see that there are certain common components that may vary by name, including:

- RATIONALE: vision, purpose, mission, principles, statutes
- MEMBERS: state agencies, providers, purchasers, consumers, advocates
- EXISTING: health status, inventory facilities/equipment/services, data
- PROPOSED: description of health system at a given planning horizon
- PROCESS: goals, objectives, criteria, standards, priorities, strategies
- EVALUATION: monitoring, data reporting, feedback, updating
- APPENDICES: planning areas, acronyms, references, others

This information is intended to provide the Task Force at its August 16 meeting with an array of options from which to choose a potential “model” outline for a state health plan. This should represent the Task Force members’ collective wishes for an effort that would provide an over-arching framework. Certificate of Need would be a valuable component and implementation tool within that Plan.

The identity of each state outline will be revealed at the August meeting.

# Sample A: State Health Plan

## Part 1: Introduction

Why a State Health Plan?  
Statutory Requirements  
The Case for a One-Year State Health Plan

## Part 2: One-Year State Health Plan

### Section 1: Xxxxx's Major Health Issues

- Objective 1: Develop strategies to reduce the use of emergency departments for Xxxxers experiencing a psychiatric crisis
- Objective 2: Develop strategies to improve outcomes and reduce costs of treatment of substance abuse and co-occurring disorders
- Objective 3: Convene a Governor's Working Group on the Health System and the Prevention, Early Detection, Effective Treatment, and Rehabilitation of Chronic Illnesses

### Section 2: Cost

- Objective 4: Work to ensure the appropriateness and quality of care by identifying variations in practice patterns, utilization of services and outcomes of care
- Objective 5: Continue Xxxxx's historic work to ensure our citizens have access to needed pharmaceuticals at reasonable and affordable prices
- Objective 6: Provide Guidance for Determining the Level of Future Investment in Health Care Services, the Issuance of Certificates of Need and Related Lending Decisions
- Objective 7: Strengthen Xxxxx's Certificate of Need Program by setting out criteria for prioritizing projects that are submitted for review and approval..31
- Objective 8: Establish Statewide Health Expenditure Targets for Xxxxx
- Objective 9: Promote the Concept of Paying for Performance (PFP) to Public Purchasers

### Section 3: Quality

- Objective 10: Improve Xxxxx's Data and Information Technology Systems to Facilitate Improvements In Quality of Care
- Objective 11: Develop framework for comprehensive integrated, patient-level data system

### Section 4: Access

- Objective 12: Reduce the number of uninsured Xxxxers by 31,000
- Objective 13: Preserve the fiscal and programmatic integrity of XxxxxCare as a safety net to cover Xxxxx's lowest income citizens
- Objective 14: Develop a resource inventory by region documenting health, mental health, substance abuse, public health and long term care resources and workforce

## Part 3: Process For First Biennial State Health Plan

The planning process will have five components

- Baseline of credible, regionalized data on cost, quality, access and health status
- Regional process through 3 regional workgroups to engage all stakeholders to examine data, set regional goals and benchmarks
- Statewide campaign "Tough Choices" to determine the public's priorities for health and health care
- State-level synthesis of regional and State Health Plans

Timeline for Development of Biennial State Health Plan

Appendix 1. State Health Plan Regions

Appendix 2. Technical notes for State Health Plan Figures

Appendix 3. State Health Expenditure Report Category Definitions

Appendix 4. Members of the Advisory Council on Health Systems Development

Appendix 5. Governor's Office of Health Policy and Finance

# **Sample B: The State Health Plan for Facilities and Services**

## **TABLE OF CONTENTS\***

- .01 Incorporation by Reference
- .02 Introduction
  - A. Purposes of the State Health Plan
  - B. Legal Authority and Overview
  - C. Organizational Setting of the Commission
  - D. Plan Content
  - E. Applicability
- .03 Principles for Planning Specialized Health Services
  - A. Introduction
  - B. Statement of Principles
- .04 Issues and Policies
  - A. Relationship Between Volume and Outcome
  - B. Outcome Data Reporting
  - C. Assessment of Future Changes in Cardiovascular Care
  - D. Variations in Cardiac Surgery Use Rates
  - E. On-Site Cardiac Surgical Backup in Hospitals Performing Percutaneous Coronary Intervention
  - F. Merged Hospital Systems
  - G. Inter-State Cooperation in Health Data Collection
  - H. Inter-Hospital Transport
  - I. Regional Service Areas for Cardiac Surgery Services
- .05 Commission Program Policies
  - A. Utilization Projection Policies
  - B. Consideration of New Program
  - C. Approval Policies
  - D. Waiver from Policies
- .06 Certificate of Need Review Standards
  - A. General Standards
  - B. Cardiac Surgery Standards
- .07 Methodology for Projecting Utilization of Cardiac Surgery
  - A. Period of Time Covered
  - B. Age Groups and Services
  - C. Patient Migration
  - D. Assumptions
  - E. Publication and Recomputation of Utilization Projections
  - F. Procedure to Project Cardiac Surgery Utilization by the Adult Population
  - G. Procedure to Project Cardiac Surgery Utilization by the Pediatric Population
- .08 Definitions
- Appendix
  - A. Requirements for Primary Percutaneous Coronary Intervention Programs

\*NOTE: this general format is used as the table of contents for each of the services reviewed including cardiac surgery and percutaneous coronary intervention services (shown here), psychiatric services, emergency medical services, nursing homes, acute inpatient rehabilitation services, acute inpatient services, ambulatory surgery services, acute hospital inpatient obstetric services, alcoholism and drug abuse intermediate care facility treatment services, organ transplant services, and neonatal intensive care services.

# **Sample C: State Medical Facilities Plan**

## **TABLE OF CONTENTS**

### **Background**

- Chapter 1. Overview of the 2006 State Medical Facilities Plan
- Chapter 2. Amendments and Revisions
- Chapter 3. Certificate of Need Review Categories and Schedule
- Chapter 4. Statement of Policies:
  - Acute Care Hospitals
  - Nursing Care Facilities
  - Adult Care Homes
  - Home Health Services
  - End-Stage Renal Disease Dialysis Services
  - Mental Health, Developmental Disabilities, and Substance Abuse (General)
  - Psychiatric Inpatient Services
  - All Health Services

### **Acute Care Facilities and Services**

- Chapter 5. Acute Care Beds
- Chapter 6. Operating Rooms
- Chapter 7. Other Acute Care Services:
  - Open Heart Surgery Services
  - Hear-Lung Bypass Machines
  - Bum Intensive Care Services
  - Transplantation Services
- Chapter 8. Inpatient Rehabilitation Services

### **Technology and Equipment**

- Chapter 9. Technology:
  - Lithotripsy
  - Gamma Knife
  - Radiation Oncology Services - Linear Accelerators
  - Positron Emission Tomography Scanner
  - Magnetic Resonance Imaging
  - Cardiac Catheterization and Cardiac Angioplasty Equipment

### **Long-Term Care Facilities and Services**

- Chapter 10. Nursing Care Facilities
- Chapter 11. Adult Care Homes
- Chapter 12. Home Health Services
- Chapter 13. Hospice Services
- Chapter 14. End-Stage Renal Disease Dialysis Facilities
- Chapter 15. Psychiatric Inpatient Services
- Chapter 16. Substance Abuse, Detoxification, Inpatient and Residential Services
- Chapter 17. Intermediate Care Facilities for the Mentally Retarded

### **Appendices**

- Appendix A: Xxxxx Counties by Health
- Appendix B: Partial Listing of Health Planning Acronyms
- Appendix C: List of Contiguous Counties
- Appendix D: Certificate of Need Law
- Appendix E: Regulation of Detoxification Services Provided in Hospitals Licensed under Article 5, Chapter 13 IE, of the General Statutes

# **Sample D: Health Resource Allocation Plan**

## **Table of Contents**

### **Section One**

#### Overview

- Executive Summary
- HRAP Priorities
- HRAP Recommendations
- HRAP Next Steps
- User's Guide
- Statement of Principles
- Health Care Expenditures Summary
- Xxxxx State Health Plan Summary
- Community Needs Assessments Summary

### **Section Two**

- List of Acronyms
- Glossary of Terms

### **Section Three**

#### Chapter 1: Inpatient, Emergency & Hospital-Based Services

- Inpatient Services
- Hospital-Based Outpatient Services
- Hospital-Based Mental Health/Substance Abuse Services
- Emergency Medical Services
- Major Medical Equipment
- Access to Hospital Services*
- Xxxx Hospital Monograph Series Hospital Service Area Analysis*

#### Chapter 2: Ambulatory Care Services

- Primary Care Services
- Specialty Care Services
- Oral Health Services
- Ambulatory Mental Health/Substance Abuse Services
- Maps for Primary Care and Underserved Areas*

#### Chapter 3: Community-Based Services

- Long-Term Care Services
- Community-Based Mental Health/Substance Abuse Services

#### Chapter 4: Other Medical Services

#### Chapter 5: Healthcare Workforce

#### Chapter 6: Healthcare Information Technology

### **Section Four**

- Certificate of Need (CON) Standards

### **Section Five**

- Appendices

# **SAMPLE E: STATE HEALTH PLAN CONTENTS**

## **VOLUME I: HEALTH PRINCIPLES, GOALS AND STRATEGIES**

- A. INTRODUCTION
- B. HEALTH SYSTEM PRINCIPLES TO GUIDE STATE HEALTH POLICY/PLANNING
- C. THE HEALTH OF STATE RESIDENTS
- D. HEALTH GOALS AND OBJECTIVES

## **VOLUME II: PERFORMANCE STANDARDS FOR HEALTH FACILITIES AND SERVICES**

- A. INTRODUCTION
- B. HEALTH FACILITY/SERVICE PERFORMANCE STANDARDS
  - 1. Application of Performance Standards
  - 2. General Performance Standards for Health Facilities and Services
  - 3. Acute Care Service Performance Standards
    - a. General
    - b. Obstetric and Neonatal Services
    - c. Pediatric Services
    - d. Cancer Management Services
    - e. Critical Care Services
    - f. Cardiovascular Disease Services
    - g. End-Stage Renal Disease Services
    - h. Facility Based Adult Rehabilitation Medicine Services
    - i. Computed Tomography Services
    - j. Magnetic Resonance
    - k. Innovative Technologies
    - l. Ambulatory Surgery
    - m. Short Stay Psychiatric Services
  - 4. Long Term Care Service Performance Standards
    - a. Nursing Home Services
    - b. Swing Bed Services
    - c. Continuing Care Retirement Communities
    - d. Home Health Services
    - e. Hospice Services
- C. FORECASTING METHODS
  - 1. Introduction
  - 2. Operating Room Need Method
    - a. Summary
    - b. Detailed Method
      - 1) Assumptions
      - 2) General Provisions
      - 3) Specific Steps and Provisions
      - 4) Adjustment of Baseline Nursing Home Need
  - 3. Nursing Home Bed Need Projection Method
    - a. Summary
    - b. Detailed Method
      - 1) Assumptions
      - 2) General Provisions
      - 3) Specific Steps and Provisions
      - 4) Adjustment of Baseline Nursing Home Need Projections
      - 5) Data Sources and Methods
      - 6) Definitions
  - 4. Hospital Bed Need Forecasting Method
    - a. Introduction
    - b. Summary
    - c. Criteria and Standards for Evaluation and Use of Method
      - (1) Definitions
      - (2) General Principles
      - (3) Criteria and Standards
    - d. Specific Methods
      - 1) Determination of Forecasting Policy
      - 2) Methods of Overall Forecasts of Non-Psychiatric Bed Needs
      - 3) Methods for Service Specific Forecasts
      - 4) Short-Stay Psychiatric Bed Forecasting Method
    - e. Guidelines for Adjusting Forecasts
      - (1) General Adjustment Guidelines
      - (2) Psychiatric Adjustments

## **APPENDICES**

- APPENDIX A: IN-HOSPITAL CANCER REHABILITATION PROGRAM
- APPENDIX B: REQUIREMENTS FOR CONTINUING CARE RETIREMENT COMMUNITY PROJECTS
- GLOSSARY OF TERMS
- ACRONYMS USED IN PLAN

# **IDEAL TABLE OF CONTENTS**

## **CHAPTER I: INTRODUCTION**

- Participants in State Health Plan Development
- Process for State Health Plan Development
- Purpose of the State Health Plan
- Implementation of the State Health Plan

## **CHAPTER II: DESCRIPTION OF WASHINGTON**

- Key Environmental/Socioeconomic Factors
- Geographic and Environmental Characteristics
- Demographic Characteristics
- Socio-Economic Characteristics
- Inventory of Facilities and Services

## **CHAPTER III: HEALTH STATUS OF STATE RESIDENTS**

- Communicable and Infectious Disease
- Accidents and Violence
- Health Indicators
- Chronic Disease
- Lifestyle

## **CHAPTER IV: THE HEALTH SYSTEM - AN OVERVIEW**

- Availability
- Accessibility Cost
- Quality
- Continuity
- Acceptability

## **CHAPTER V: PRIORITIES**

- Health System Principles
- Statewide Health Issues
- Statewide Health Goals

## **CHAPTER VI: SERVICE SPECIFIC PLANS**

- Health Promotion Services
- Immunization Services
- Alcoholism and Drug Abuse Services
- Mental Health Services
- Hospital System
  - o (listing)
- Outpatient System
  - o (listing)
- Long-Term Care System
  - o (listing)
- Major Medical Equipment
  - o (listing)

## **CHAPTER VII: STATE HEALTH POLICIES AND PROGRAMS**

- Overview of State Health Policies and Programs
- A Health Care Cost Containment Strategy
- Evaluation of the State Health Plan